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**From: Gregory P. Einhorn**

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**Comments:**

Attorney Docket: 564462000120  
Group Art Unit: 1652  
Examiner: R. Prouty  
Serial No.: 09/884,889  
Filing Date: June 19, 2001  
Inventor(s): Dan E. ROBERTSON et al.  
Title: CATALASES

**Papers attached:**

1. Transmittal (1 page)
2. Fee Transmittal (1 page + duplicate)
3. Petition for 3 Month Extension of Time (1 page)
4. Notice of Appeal (1 page)

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**SD-238286**

JAN 14 2005

PTO/SB/21 (09-04)

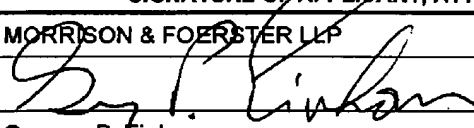
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| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> |   | Application Number     | 09/884,889       |
|   |   | Filing Date            | June 19, 2001    |
|   |   | First Named Inventor   | Dan E. ROBERTSON |
|   |   | Art Unit               | 1652             |
|   |   | Examiner Name          | R. Prouty        |
| Total Number of Pages in This Submission  | 6 | Attorney Docket Number | 564462000120     |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate)<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (1 page)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (1 page)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Fax Cover Sheet (1 page) |
| Remarks<br>Customer No. 45975   |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP   |          |        |
| Signature                                  |  |          |        |
| Printed name                               | Gregory P. Einhorn  |          |        |
| Date                                       | January 14, 2005  | Reg. No. | 38,440 |

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Dated: January 14, 2005

Signature:  (Norman Green)

sd-238279

PTO/SB/17 (12-01)

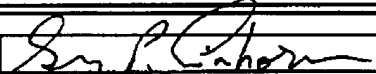
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| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |  | <b>Complete if Known</b><br>Application Number 09/884,889<br>Filing Date June 19, 2001<br>First Named Inventor Dan E. ROBERTSON<br>Examiner Name R. Prouty<br>Art Unit 1652<br>Attorney Docket No. 564462000120 |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  |   |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 760.00  |  |   |  |

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|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 03-1952    Deposit Account Name: Morrison & Foerster LLP  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments          |  |

| <b>FEE CALCULATION</b>  |             |                       |   |                       |                                  |                       |                              |
|---|-------------|-----------------------|---|-----------------------|----------------------------------|-----------------------|------------------------------|
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |             |                       |   |                       |                                  |                       |                              |
| Application Type  | FILING FEES |                       | SEARCH FEES   |                       | EXAMINATION FEES                 |                       | Fees Paid (\$)               |
|   | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)  | Small Entity Fee (\$) | Fee (\$)                         | Small Entity Fee (\$) |                              |
| Utility   | 300         | 150                   | 500   | 250                   | 200                              | 100                   |                              |
| Design  | 200         | 100                   | 100   | 50                    | 130                              | 65                    |                              |
| Plant   | 200         | 100                   | 300   | 150                   | 160                              | 80                    |                              |
| Reissue   | 300         | 150                   | 500   | 250                   | 600                              | 300                   |                              |
| Provisional   | 200         | 100                   | 0   | 0                     | 0                                | 0                     |                              |
| <b>2. EXCESS CLAIM FEES</b>   |             |                       |   |                       |                                  |                       |                              |
| <b>Fee Description</b>  |             |                       |   |                       |                                  |                       | <b>Small Entity Fee (\$)</b> |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  |             |                       |   |                       |                                  |                       | 50                           |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent   |             |                       |   |                       |                                  |                       | 200                          |
| Multiple dependent claims   |             |                       |   |                       |                                  |                       | 360                          |
| <b>Total Claims</b>   |             | <b>Extra Claims</b>   | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>  | <b>Multiple Dependent Claims</b> |                       |                              |
| =   |             | x                     | =   |                       | <b>Fee (\$)</b>                  |                       | <b>Fee Paid (\$)</b>         |
| <b>Indep. Claims</b>  |             | <b>Extra Claims</b>   | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>  |                                  |                       |                              |
| =   |             | x                     | =   |                       |                                  |                       |                              |
| <b>3. APPLICATION SIZE FEE</b>  |             |                       |   |                       |                                  |                       |                              |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |             |                       |   |                       |                                  |                       |                              |
| <b>Total Sheets</b>   |             | <b>Extra Sheets</b>   | <b>Number of each additional 50 or fraction thereof</b> |                       | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>  |                              |
| - 100 =   |             | /50                   | (round up to a whole number) x                          |                       | =                                |                       |                              |
| <b>4. OTHER FEE(S)</b>  |             |                       |   |                       |                                  |                       |                              |
| Non-English Specification, \$130 fee (no small entity discount)   |             |                       |   |                       |                                  |                       |                              |
| Other: 2253 Extension for response within third month   |             |                       |   |                       |                                  | 510.00                |                              |
| 2401 Notice of appeal   |             |                       |   |                       |                                  | 250.00                |                              |

|                     |   |                                   |                  |
|---------------------|---|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |   |                                   |                  |
| Signature           |  | Registration No. (Attorney/Agent) | 38,440           |
| Name (Print/Type)   | Gregory P. Einhorn  | Telephone                         | (858) 720-5133   |
|                     |   | Date                              | January 14, 2005 |

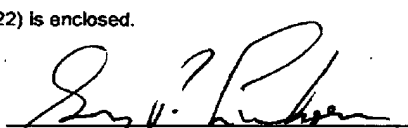
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PTO/SB/31 (09-04)

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| <b>NOTICE OF APPEAL FROM THE EXAMINER TO<br/>THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>  |  | Docket Number (Optional)<br><b>564462000120</b>  |                               |
|   |  | In re Application of<br><b>Dan E. ROBERTSON et al.</b>   |                               |
|   |  | Application Number<br><b>09/884,889</b>  | Filed<br><b>June 19, 2001</b> |
|   |  | For <b>CATALASES</b>   |                               |
|   |  | Art Unit<br><b>1652</b>  | Examiner<br><b>R. Prouty</b>  |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.   |  |  |                               |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))   |  | \$ <b>500.00</b>   |                               |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:   |  | \$ <b>250.00</b>   |                               |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |  |  |                               |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |  |  |                               |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  |  |  |                               |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <b>03-1952</b> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |  |  |                               |
| <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.  |  |  |                               |
| I am the  |  |  |                               |
| <input type="checkbox"/> applicant/inventor.  |  | <br>Signature<br>Gregory P. Einhorn<br>Typed or printed name |                               |
| <input type="checkbox"/> assignee of record of the entire interest.<br>See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  |  |  |                               |
| <input checked="" type="checkbox"/> attorney or agent of record.<br>Registration number <b>38,440</b>   |  | (858) 720-5133<br>Telephone number<br>January 14, 2005<br>Date   |                               |
| <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34. _____  |  |  |                               |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.  |  |  |                               |
| <input checked="" type="checkbox"/> *Total of <b>1</b> forms are submitted.   |  |  |                               |

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